SITUATIONAL ANALYSIS OF IEC ACTIVITIES IN FAMILY WELFARE PROGRAMMES

V. UMA DEVI

INTRODUCTION

Effective communication with target groups forms one of the essential components in any programme of social change. This is more so particularly in programmes of family welfare wherein personal life styles of people need to be modified. Communication inputs significantly increase people's awareness and concern over matters relating to health and family welfare and subsequently decide to a large extent the limits of possible improvements and changes in these areas. Information, Education and Communication (IEC) activities can bring people and family welfare programmes together. IEC activities provide people the information they need, to make informed choices about adopting and continuing healthy lifestyles. Keeping this in view, policy-makers have given liberal provision and importance to IEC activities in the family welfare programme.

The National Family Health Survey (1992-93) and other studies revealed that the level of adoption of almost all the components of the family welfare programme is not in proportion to the level of awareness. An often mentioned reason is the paucity of evaluation of the programme particularly at the implementation level.

A closer look into the IEC component of the family welfare programme in Andhra Pradesh has shown that evaluation had not been given importance for strengthening IEC activities. With this in mind, this study has been carried out to examine various aspects relating to IEC activities undertaken during the year 1995-96 at the Primary Health Centre (PHC), Sub Centre (SC) and at the village level.

METHODOLOGY

During the year 1995-96, the Department of Family Welfare, Government of Andhra Pradesh prepared and distributed the following material given below:

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The present study focused on interpersonal media, group activities, rallies, performance media (Street play, Hari katha, Burra katha etc.) display media, film and TV shows.

At Mandal level, the Multipurpose Health Extension Officer is solely responsible for all education, motivation, communication and management of programmes in the PHC area. Sometimes as a liaison officer he has to build rapport with other departments like Panchayat Raj, Revenue, Education, Women and Child Welfare Department and Non Governmental Organization based on the type of programme and target audience.

The objectives of the study were to analyze the planning, monitoring and management of IEC activities in terms of production of IEC material, inter and intra departmental co-ordination for organizing IEC activities, IEC equipment and materials that were being supplied to a PHC and their utilization and communication skills of media personnel.

The survey was conducted in 18 villages of six districts from three geographical regions of Andhra Pradesh viz., Rayalaseema, Telangana and coastal Andhra. Selection of sample villages was done following the multistage sampling technique. Two districts from each region recording high and low sterilization
performance were identified from which three PHCs (high, medium and low) on sterilization performance were selected as also the sub centres. Finally, one village was identified and selected from each sub centre for the survey.

Interviews, observation of IEC activities and available records were used as evaluation tools. Respondents included 42 health personnel - District Extension and Media Officer (DEMO), Multi Purpose Health Education Officer (MPHEO), and Multi Purpose Health Assistant Female (MPHA-F), and 2,991 community leaders and community members. Interviews were conducted using semi-structured questionnaire on immunization, ante, intra and post natal care, age at marriage, diarrhoea management, acute respiratory infection (ARI), personal hygiene, temporary and permanent contraceptive methods and HIV/AIDS.

The survey team collected information regarding IEC equipment supplied by the State office to the districts and their availability as documented in the register during the course of study.

RESULTS

Profile of health personnel

The health personnel interviewed were in the mean age group of 47.3 ± 6.0 years. The highest mean age (54.3 ± 23 years) was recorded among MPHEOs whereas, MPHA-F were in the age group of 37 ± 4.44 years. Nearly two-fifths (38.9%) of the health personnel were educated beyond the graduate level, while 61.1 per cent of them were educated up to higher secondary level. Most of the Officers had adequate academic knowledge to conduct training in health and family welfare. It was noted that 85 per cent of the health personnel were working in the Health and Family Welfare Units for over 14 years. Among the different categories of family welfare personnel studied, 35 per cent had not received formal training in health and family welfare programmes. The others needed training in newer skills and updating their knowledge on various programmes.

Audio visual equipment

Out of 13 16mm. film projectors available, three were in working condition at Krishna, Vizianagaram and Cuddapah districts. The available number of 8mm. projectors was only eight, of which only one in Krishna district was in working condition.

Of the 159 television sets available in three districts, only eight were in working condition. It was also observed that certain equipment such as generators, slide projectors, tape recorders, speakers, screen stands etc. were not used for a long time. Except for Krishna district, all other districts had audio visual vans, however, only two were in working condition at Kurnool and Cuddapah districts. No proper records were being maintained in terms of IEC equipment received and supplied.

The study found that nearly half (45%) of the Mandal level Extension Officials were not aware of the utilization of audio visual (AV) van and its activities. Among the other also, no one could specify the A.V van activities either at the mandal level or village level. However, the vehicles were being used for other purposes such as providing conveyance to persons undergoing sterilization operations, carrying printed materials from State Headquarters, for campaigning social programmes like Akshara Jyoti and to perform election duties.
**IEC activities**

According to the Government of Andhra Pradesh, IEC activities were of two types, one is Budgetary (requiring financial support) and the other is Non Budgetary.

A significant number of health personnel (75%) was found to organize non-budgetary activities like mothers’ meetings, group meetings, public awareness meetings, health exhibitions and health education classes in schools. Interestingly, 43.8 per cent of them had organized exhibitions regularly on weekly market days. Poster display activities were undertaken with much enthusiasm and all the mandal extension officers could perform this function with zeal and spirit. Posters received from district offices were regularly displayed at focal points like schools, panchayat office, near water tanks, bus stops, market place, and fair price shops.

Among budgetary activities, projection of 16mm. films was organized by 18.7 per cent of the health personnel followed by video shows conducted by 12.5 per cent. In areas like Kallur PHC of Khammam district, 35mm. films were shown in theatres. However, 18.8 per cent of health personnel stated that family welfare slogans were projected in the form of slides with financial assistance from District officials.

The study found that of the total 21,537 IEC activities conducted during the period 1995-96, 94.2 per cent were not dependent on the budget. Out of 20,297 non budget IEC activities as much as 63.3 per cent were conducted during campaigns or on Special Days, either in the form of posters (41.2%), household contacts (38.7%), or meetings and talks (19.4%). On other days these non budgetary IEC activities were mostly household contacts (41.2%), posters (36.3%) and meetings/talks (22.3%). The most common budgetary IEC activity during campaigns or Special Days were films/video shows and cinema slides (76.6%) while it was wall paintings during non campaign or during observation of Special Days. Although budgetary IEC activities were more (84.1%) during campaigns and Special Days, it was significantly less than the activities requiring no budget implications. This clearly shows the important role of finance for conducting IEC activities. District and mandal level extension officers indicated that finance was a constraint in conducting budgetary activities. It was also noted that no proper guidelines were available with district medical and health offices regarding release of funds to PHCs for communication programmes (Table 1).

<table>
<thead>
<tr>
<th>Table 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Budgetary and non budgetary IEC activities, 1995-96</strong></td>
</tr>
<tr>
<td><strong>IEC Activities</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>N=12,858</td>
</tr>
<tr>
<td><strong>Non-Budgetary</strong></td>
</tr>
<tr>
<td>Meetings /Talks</td>
</tr>
<tr>
<td>Household contact</td>
</tr>
<tr>
<td>Posters</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td><strong>Budgetary</strong></td>
</tr>
<tr>
<td>Mike announcements</td>
</tr>
<tr>
<td>Tom Tom</td>
</tr>
<tr>
<td>16 mm., 35 mm. film, Video shows, Cinema slides</td>
</tr>
<tr>
<td>Wall paintings</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>
**Print material**

None of the health personnel interviewed expressed dissatisfaction about the IEC material received, particularly print material. Information collected from secondary sources indicated that most of the print material received by DEMOs and MPHEOs was on AIDS (44.3%) followed by family planning (26.9%) and immunization (25.4%) (Table 2). However, district and mandal level extension officials referred to dearth of space to store and maintain the same. In the case of non-printed material, the findings were not very encouraging.

The majority (72.5%) of the IEC material received by the district and mandal level officials was in the form of pamphlets. From Table 2 it can be noted that the other forms of printed material were very few particularly in the areas of family planning and immunisation. Although safe motherhood had the least number (0.1%) of printed material, it had a better distribution with almost equal number of pamphlets and posters. For all topics, stickers (0.2%) and books (1.1%) were the least received. The most widely printed material was on HIV/AIDS, followed by ORS, family planning and immunisation.

Very few mandal level officials organized group meetings, and wall paintings. During the year 1995-96, activities like film shows, video shows and cultural programmes were neglected. Distribution of pamphlets, display of banners, conducting rallies and padayatras were the prominent activities of health officials during campaigns like pulse polio, ORS, AIDS than at other times (Table 1). All the extension officials had organized and carried out intensive activities in special campaigns like pulse polio, oral rehydration therapy (ORT), school health. Around 69 per cent of respondents had organized World Health Day and World AIDS Day programmes and a small number of respondents stated having organized Breast-feeding Week, National Food and Nutrition Day and World Population Day.

**Mass media**

The most popular mode of disseminating messages through mass media was All India Radio as informed by 62.5% per cent district extension officials, while Doordarshan (national TV network) was utilized by only 12.5 per cent. At the mandal level it was found to be very poor (12.5%) as also the utilization of the print media (16.6%).

<table>
<thead>
<tr>
<th>Type of printed material received</th>
<th>Family planning</th>
<th>Immunisation</th>
<th>ORS</th>
<th>AIDs</th>
<th>Safe Motherhood</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. N = 598,506</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posters</td>
<td>4,200</td>
<td>0.7</td>
<td>2,800</td>
<td>0.5</td>
<td>2,400</td>
<td>3.3</td>
</tr>
<tr>
<td>Pamphlets</td>
<td>593,200</td>
<td>99.1</td>
<td>559,898</td>
<td>99.3</td>
<td>65,000</td>
<td>89.4</td>
</tr>
<tr>
<td>Books</td>
<td>986</td>
<td>0.2</td>
<td>800</td>
<td>0.1</td>
<td>2,720</td>
<td>3.7</td>
</tr>
<tr>
<td>Stickers</td>
<td>120</td>
<td>0.02</td>
<td>150</td>
<td>0.03</td>
<td>2,620</td>
<td>3.6</td>
</tr>
</tbody>
</table>

**TABLE 2**

Printed IEC material received by health personnel, 1995-96
Co-ordination

Responses relating to interaction between family welfare personnel and other government functionaries revealed that it existed only among 43.8 per cent health personnel interviewed. The others stated that they interact with staff from departments such as Panchayat Raj, Revenue, Education, Women and Child Welfare, as well as teachers for conducting various programmes. Such interactions were reported to be high among mandal level extension officers. The frequency of meetings with other departmental staff varied. One third of the health personnel met sarpanches and private doctors once in a fortnight, while 22.2 per cent held such meetings once in three months. District officials (16.6 per cent) and mandal level officials (6.2 per cent) were found to interact with only the Information and Public Relations Department.

Dissemination

MPHEOs play an important role in enhancing knowledge and inculcating positive beliefs among audiences. During observations it was found that 87.5 per cent of MPHEOs were knowledgeable and were able to speak on different topics. Among these MPHEOs, 71.4 per cent used jargon which was not understood by the audience. Only 35.7 per cent of the MPHEOs repeated the key messages and clarified doubts by quoting local examples, the others did not show interest or confidence in the content of the message. Although all the MPHEOs stated that they were using posters, flip charts and books quite regularly during their talks, it was observed that only 14.3 per cent actually used IEC material during their talk.

Interviews with 2,991 community members from the six districts showed that very few health staff was using posters as communication tools as stated by only 5.3 per cent of the respondents. But, the reach of the posters was recorded to be higher (32.7%) in comparison to wall paintings (9.8%) and flip charts (9.8%). Posters were found to be displayed at various public places like panchayat offices, schools during campaigns. Messages were conveyed through banners during pulse polio, ORT campaigns as claimed by 36.2 per cent of community members (Table 3). Film shows, video shows and cultural programmes were not reported to have been employed during preceding five years (1991-96), for the benefit of the community.

Discussion and Recommendations

Communication is an important activating force in programmes dealing with human behaviour. Behaviour changes related to health and family welfare calls

<table>
<thead>
<tr>
<th>TABLE 3</th>
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<tbody>
<tr>
<td>Districtwise community exposure to IEC activities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IEC material seen</th>
<th>District</th>
<th>Krishna</th>
<th>Vizianagaram</th>
<th>Kurnool</th>
<th>Cuddapah</th>
<th>Khammam</th>
<th>Ranga Reddy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=418</td>
<td>N=565</td>
<td>N=443</td>
<td>N=467</td>
<td>N=478</td>
<td>N=670</td>
<td>N=2,991</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Banners</td>
<td>47.4</td>
<td>36.0</td>
<td>33.0</td>
<td>40.5</td>
<td>32.2</td>
<td>31.0</td>
<td>36.2</td>
<td></td>
</tr>
<tr>
<td>Wall paintings</td>
<td>13.9</td>
<td>5.7</td>
<td>15.8</td>
<td>7.1</td>
<td>5.0</td>
<td>12.6</td>
<td>9.8</td>
<td></td>
</tr>
<tr>
<td>Flip charts</td>
<td>12.9</td>
<td>8.1</td>
<td>13.5</td>
<td>6.0</td>
<td>9.2</td>
<td>10.0</td>
<td>9.8</td>
<td></td>
</tr>
<tr>
<td>Group meetings</td>
<td>19.1</td>
<td>14.2</td>
<td>15.8</td>
<td>12.8</td>
<td>16.7</td>
<td>6.5</td>
<td>13.7</td>
<td></td>
</tr>
<tr>
<td>Posters</td>
<td>39.2</td>
<td>31.3</td>
<td>28.4</td>
<td>37.7</td>
<td>28.9</td>
<td>31.6</td>
<td>32.7</td>
<td></td>
</tr>
</tbody>
</table>

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for well designed health communication programmes and requires evaluation at the implementation phase. The communicator has to transfer important information about family welfare with the intention of bringing about a desirable behaviour in the audience.

This study reveals that health personnel claimed to have used A.V aids during group meetings and health talks. On the contrary, the majority (88%) of the community members did not confirm this. Only 14.3 per cent of the health officials were making use of IEC materials in their demonstrations and health talks organized during the study period. Bahl & Trakroo also reported that only 15 per cent of health staff used print material during health talks. Ann et al opined that health workers must be adequately trained in interpreting and conveying messages present in posters to the audience, as improper use of print material by health staff will not serve any purpose.

The vast majority of IEC activities carried out during the study period was not dependent on the budget. It was also noted that a large proportion of these activities were held during campaigns or in observance of Special Days. This has been corroborated by others in their study of IEC activities.

As long as the literacy rate remains low in India the use of radio and television will go a long way in the dissemination of information. The present study revealed that these two media for message dissemination was being underutilised.

Interpretation and explanation of the message is essential for communicating with audiences. However, this study showed that 64.3 per cent of MPHEOs did not repeat the important message and clarify doubts of the audience and were not confident in delivering the message. This was also found by Arora and his colleagues. Kakar stressed the importance of the communicator to have thorough knowledge of the topic and the trustworthiness with which the recipient views a communicator has great influence over his success in communication. The majority of MPHEOs in the study had adequate knowledge on various topics relating to health and family welfare programmes. Bahl and Trakroo also recorded better communication qualities among block extension educators.

The degree of success of a communicator is reported to be positively correlated to his empathy with clients. This analysis revealed that 85 per cent of the mandal level officers used health jargon which the audience was not familiar with. Arora pointed to the differences in interpretation as it could be a potential obstacle to effective understanding.

This study revealed poor maintenance of the IEC equipment. A similar study conducted by Varun Beri also reported unsatisfactory maintenance of IEC equipment in family welfare programmes. However, an earlier survey done by Tharansigrajan et al in Andhra Pradesh did not come across unserviceable equipment, probably because the study was conducted in the Indian Population Project- II (IPP-II) adopted districts which was aimed to strengthen the IEC component.

Secondary data revealed that the maintenance of records and reports was not satisfactory. It was observed that the receipt and distribution of IEC material as well as the IEC equipment were not recorded properly. Apart from that, documentation of the IEC activities carried out during the year was unsatisfactory. These findings are supported by other studies.

Although the Government identified safe motherhood as one of the six priority
elements in primary health care programmes, the printed material available on safe motherhood was meagre. The printed material available on high-risk pregnancies, institutional deliveries etc. accounted for 0.1 per cent only.

A successful implementation of the IEC programme requires coordination with other departments. As illustrated by Michael et al, to be effective the MHEO should be able to actively rely on inter disciplinary services, support and coordination\textsuperscript{23}. The present study indicated that only a third of the health personnel coordinated with other departments while the others did not, particularly with the Information and Public Relations, Audio-visual Publicity departments, which have separate budgets for IEC in health and family welfare.

From the findings of this study, the author recommended the following:

- Keeping in view the rural illiterate population, effective use of visual media particularly video films and 16mm. and 35mm. films should be used as it has a greater impact. These films should be informative, entertaining and thought-provoking.

- As per the guidelines given by the Government, all private regional language T.V. channels should allot telecast time for family welfare programmes. Appropriate measures should be taken by the Government to ensure this.

- School children and youth organizations should be involved in performing family welfare-oriented programmes. Using popular folk media and giving attractive incentives may be considered.

- Minimum budget should be allotted to the development of print material since it is directed towards the literate and well aware populations.

- Appropriate training programmes may be instituted to improve the communication skills and enhancing knowledge as well as aspects relating to inter - and intra-sectoral coordination.

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REFERENCES


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